

SUICIDE



Summary

Suicide¹ is the second leading cause of injury death for Washington children 15-17 years old. Firearms and suffocation (hanging) were the primary methods of suicide among Washington children. Most suicides occurred at home.

In 2002, about one out of six students had thought about completing suicide, one out of eight had a suicide plan, and one out of 13 made a suicide attempt in the past year, according to Washington State's Healthy Youth Survey.

Suicides may be prevented by knowing the warning signs of suicide and depression, what to do when warning signs are observed, educating youth and caregivers about suicide risk, identifying and supporting children at risk of suicide and their families, and ensuring accessible and effective clinical care for mental, physical, and substance abuse disorders.

REAL STORIES OF ABOUT YOUTH SUICIDE IN WASHINGTON

Lonnie, age 15, shot himself in the head with a rifle belonging to the family. He was upset about having to move. He told several friends and a teacher that he was going to complete suicide.

Frank, age 14, completed suicide by an overdose of prescription medicine. He had purchased the medicines at several different stores and told a friend he was "tired of it all".

REAL STORIES ABOUT SUICIDE PREVENTION

The Washington State Youth Suicide Prevention Program² held an awareness presentation at a Boy Scout troop meeting. In the troop, there were two boys who had attempted suicide, and several that were dealing with depression. After the presentation, one of the parents decided to have her son evaluated for depression. Treatment for teen depression is an important step in preventing a possible suicide.

Julie, age 15, received youth suicide-prevention training through the Washington State Youth Suicide Prevention Program. She had to put her training into action because a friend had expressed suicidal ideation. Julie told her mom about her friend because, as part of the training, she learned to tell an adult when concerned about a friend's safety.

¹ Includes injuries that are intentional and self-inflicted.

² For more information, go to www.yspp.org.

- Know the warning signs of suicide. Warning signs include:
 - A previous suicide attempt.
 - Current talk of suicide or making a plan.
 - A strong wish to die or a preoccupation with death.
 - Giving away prized possessions.
 - Signs of depression (such as moodiness, hopelessness, or withdrawal).
 - Increased alcohol and/or other drug use.
 - Hinting at not being around in the future.
- Know what to do if you observe a warning sign.
 - Show you care.
 - Ask the question, "Are you thinking about suicide?"
 - Get help by contacting someone with professional skills to provide the help.
 - Remove any firearms from the home.
- Talk to children about suicide and depression. Chances are teens will talk to their friends before talking to a parent or caregiver about their feelings. Teens should know how to respond.
- If a child is exhibiting warning signs of suicide, make sure that they do not have access to firearms.

*PREVENTION STRATEGIES FOR COMMUNITIES**SUICIDE*

- Educate all youth and caregivers about suicide risk, and how to respond.
- Create community coalitions to identify and support children at risk of suicide and their families.
 - Promote broad distribution of information about factors related to youth suicide and depression.
 - Educate teens about the handling of disputes in a nonviolent manner, conflict resolution, and problem solving.
 - Promote awareness of suicide intervention resources, such as mental health centers, counseling centers, and hotlines.
 - Promote screening for depression of children and adolescents in a variety of settings.
 - Develop and use programs that support children and adolescents after school.
 - Train gatekeepers in screening, crisis intervention, and referral services.
- Create community coalitions that bring together law enforcement, public health, child protective services, survivor advocates, parent groups, firearm owners, and others to develop, implement, and monitor a local plan to reduce access to guns.
- Ensure accessible and effective clinical care for mental, physical, and substance abuse disorders.
- Educate media about suicide prevention and use the media to educate a broader audience.
- Develop a plan for what should be done after a suicide occurs to decrease the chances of additional suicides.
- Support bullying prevention efforts.

Number of Injuries³

Youth suicide is preventable, yet it continues to impact many of Washington's youth and their families. For Washington children 0-17 years old (mostly children over 10 years old), suicide and suicide attempts account for an annual average of:

- 24 deaths.
- 326 hospitalizations.
- About 1,100 visits to a hospital emergency department.

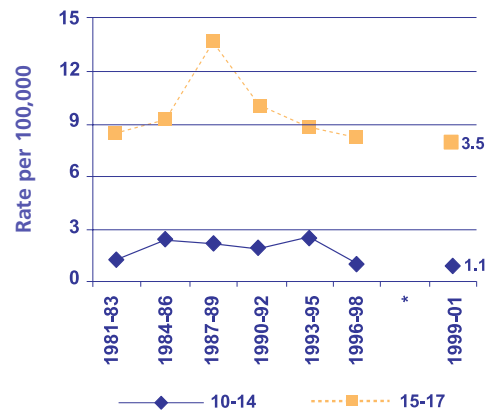
Time Trends⁴

There has been little change in the suicide rates for Washington children 10-17 years old, from the three-year time period of 1981-83 to 1999-2001.

Suicide rates in Washington were higher than national rates in the early 1990s⁵, but the difference appears to be decreasing.

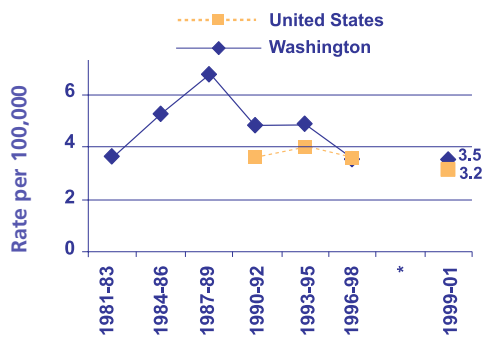
There has been little change in suicide rates in the two age groups (10-14 and 15-17 year olds) during the same time period.

**Suicide Rates by Age
Ages 0-17, Washington 1981-2001**



* This gap is due to coding changes between 1998 and 1999 which may affect the comparability.

**Suicide Rates
Ages 10-17, Washington 1981-2001
United States 1990-2001**



* This gap is due to coding changes between 1998 and 1999 which may affect the comparability.

Method

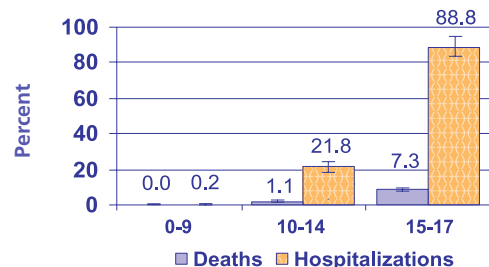
Firearms (47 percent) and suffocation (40 percent) were the leading methods of suicide among Washington children 0-17 years old.

Poisoning (82 percent) and cuts (15 percent) were the leading methods of suicide-attempt hospitalizations among Washington children 0-17 years old.

Age and Gender

The 15-17 age group had the highest rate of suicide and suicide-attempt hospitalizations among Washington children. There were no suicides to children under the age of 10, however there were three suicide-attempt hospitalizations.

**Suicide Death and Hospitalization
Rates by Age, Ages 0-17
Washington 1999-2001**



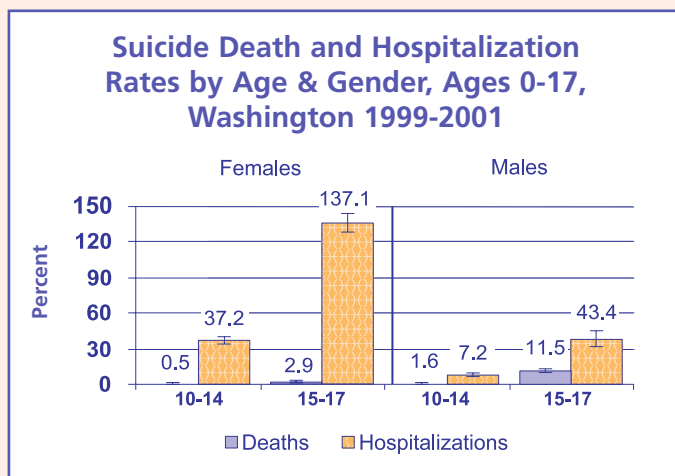
³ Unless otherwise specified, suicide data are for Washington children 0-17 years old during 1999-2001. Rates are per 100,000 children who are Washington residents.

⁴ See Comparability Ratio section in Appendix D.

⁵ National injury death rates for children 0-17 years old are not available prior to 1990.

Males 10-17 years old were 3.5 times more likely to die from suicide compared with females of the same age. The reverse was true for hospitalizations: females 10-17 years old were 3.5 times more likely to be hospitalized due to a suicide attempt compared to males of the same age.

The methods used to attempt or complete suicide varied by gender: females were more likely to poison themselves whereas males were more likely to hang themselves.



Prevalence of Suicide Plans and Attempts, and Depression

Data from the 2002 Washington State Healthy Youth Survey show that about 16 percent of sixth, eighth, tenth, and twelfth graders (about 50,650 students) reported they had considered attempting suicide in the past year.

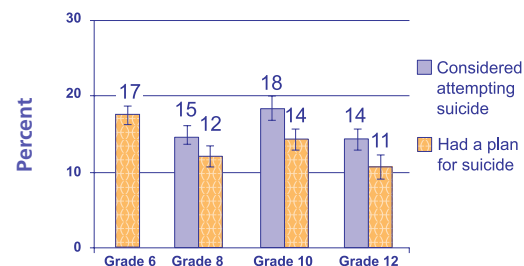
In the past year, about 12 percent of eighth, tenth, and twelfth graders (about 28,900 students) reported having a plan for their suicide attempt.

The data also show that about 7 percent of eighth, tenth, and twelfth graders (about 18,250 students) reported attempting suicide in the past year.

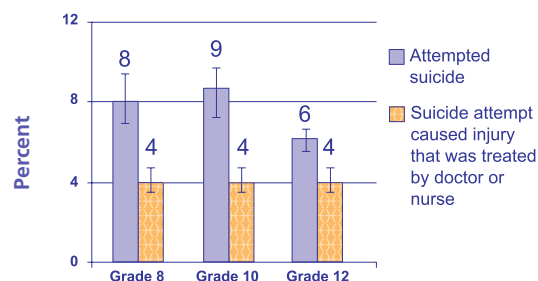
Almost 4 percent (about 8,450 students) reported being injured enough during the suicide attempt to warrant seeing a doctor or nurse in the past year.

Depression is a factor that is associated with suicide, and almost 30 percent of eighth, tenth, and twelfth graders reported having been

Reported Suicide Considerations and Plans Washington Healthy Youth Survey



Reported Suicide Attempts and Injuries Washington Healthy Youth Survey



depressed in the past year. In addition, about one out of 12 eighth, tenth, and twelfth graders reported having no one to turn to when they were depressed, and about 25 percent of the students reported that they would not seek help if they were feeling depressed or suicidal.

CIRCUMSTANCES SURROUNDING DEATHS FROM WASHINGTON CHILD DEATH REVIEW DATA

Local Child Death Review teams reviewed 64 out of the 73 suicides during 1999-2001. Key findings include:

- Thirty (47 percent) of the 64 suicides were completed with a firearm, and 25 (39 percent) were the result of a hanging.
- Fifty-one (80 percent) of the 64 child suicide victims were male.
- Fifty-one (80 percent) of the 64 children had at least one known warning sign for completing suicide. Warning signs included previous suicide attempt; talked about suicide; recent life crisis; history of mental health problems; a friend or relative completed suicide; ran away from home; received mental health services; intentionally hurt self previously; or engaged in life threatening behaviors.
- Twenty (31 percent) of the 64 children had three or more known warning signs for suicide.
- Seven (11 percent) of the 64 of the children had a history of family domestic violence, abuse, or neglect.

- Forty-four (69 percent) of the 64 suicides occurred at the child's residence.
- Suicides were most likely to occur in the after-school hours (3-5 p.m.).
- Impairment by or use of alcohol and/or other drugs was noted in 14 (22 percent) of the 64 deaths.
- Teams concluded that 66 percent of the 64 suicides were preventable, 12 percent were not preventable, and the teams were unable to determine preventability for 22 percent.

**Suicides by Hour of Injury
Washington Ages 0-17, 1999-2001**

